

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
	Sweeney	Thomas	John

1. Office, Agency, or Court

Agency Name

Alpine County

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors District 5

Supervisor

► If filing for multiple positions, list below or on an attachment.

Agency: See attachment.

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☒ County of Alpine

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed February 15, 2011  
(month, day, year)

Signature

EXPANDED STATEMENT

STATEMENT OF ECONOMIC INTERESTS FORM 700  
2010/2011

**TOM SWEENEY**

ALPINE COUNTY SUPERVISOR  
DISTRICT 5

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Economic Development Advisory Committee  
Member

Great Basin Unified Air Pollution Control Board  
Board Member

\*RCRC (Regional Council of Rural Counties Board of Directors

\*CRHMF Homebuyers Fund - Delegate

\*Environmental Services Joint Powers Authority – Delegate

\*California Rural Home Mortgage Finance Corp. - Delegate

Local Agency Formation Commission  
Alternate Commissioner

Mountain Valley EMS Agency  
Alternate Board Member

Sierra Nevada Conservancy – Eastern Sierra Sub-region  
Alternate Board Member

FPPC

\*This is one filing. RCRC is not considered a governmental agency for FPPC purposes.

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <div>Tom Sweeney</div>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Great Basin Unified Air Pollution Control District

ADDRESS (Business Address Acceptable)

157 Short Street, Bishop CA 93519

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Air Pollution Control District

YOUR BUSINESS POSITION

Governing Board Member

GROSS INCOME RECEIVED

- ☒ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary      ☐ Spouse's or registered domestic partner's income  
☐ Loan repayment      ☐ Partnership  
☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☒ Other Perdiem

(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary      ☐ Spouse's or registered domestic partner's income  
☐ Loan repayment      ☐ Partnership  
☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other

(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_ %      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

- ☐ None      ☐ Personal residence

☐ Real Property

Street address

City

☐ Guarantor

☐ Other

(Describe)

Comments:

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <div style="text-align: right;">Tom Sweeney</div>

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

<p>▶ <b>NAME OF SOURCE</b> Regional Council of Rural Counties</p> <p>ADDRESS (Business Address Acceptable) 1215 K Street, Suite 1650</p> <p>CITY AND STATE Sacramento CA 95814</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) Advocacy for rural counties</p> <p>DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 599.55 <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: Meals, expense reimbursements and expenses paid by RCRC</p>	<p>▶ <b>NAME OF SOURCE</b></p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>
<p>▶ <b>NAME OF SOURCE</b></p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>	<p>▶ <b>NAME OF SOURCE</b></p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>

**Comments:** \_\_\_\_\_